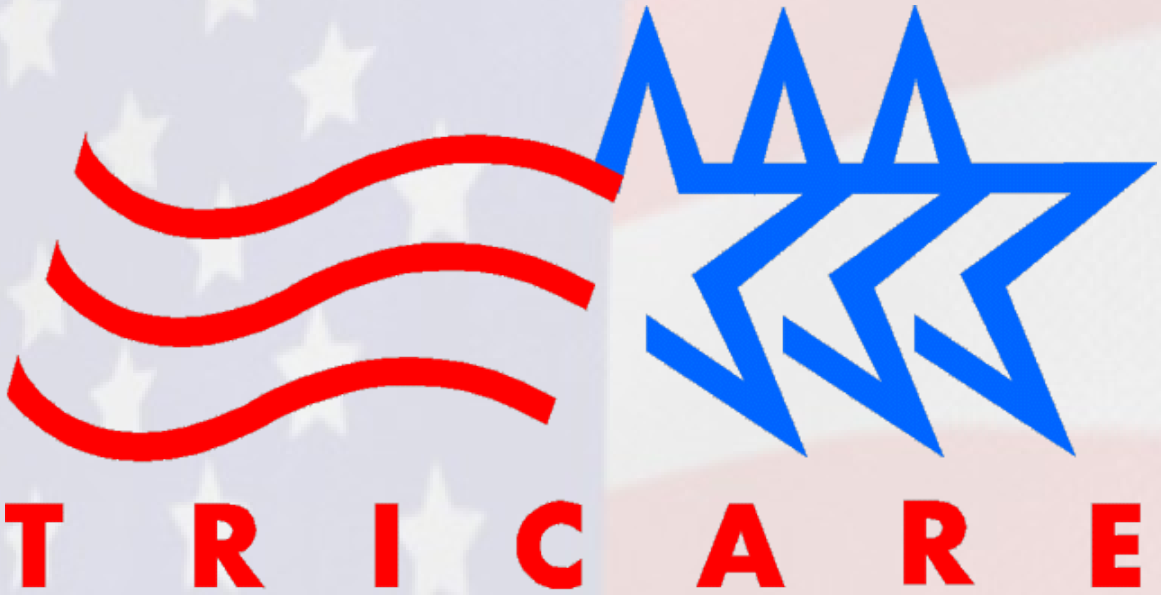

2000

“Focus on Performance”

Combat Stress Control

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Director, Mental Health Policy and Woman's Health

OASD/HA

A Brief History

- High rate of stress casualties in all wars in this century
- World War I
  - "shell shock"
  - over evacuation led to chronic psychiatric conditions
  - 3 echelon system of care developed to decrease unnecessary evacuations

History (continued)

- World War II
  - lessons relearned
  - “battle fatigue”
  - division psychiatrists
- Korea
  - mobile psychiatric detachment
- Vietnam
  - misconduct, drugs and alcohol
  - PTSD

History (con't)

- Desert Storm/Shield
  - "Persian Gulf Syndrome"
  - medically unexplained illnesses
- OOTWs
  - Somalia, Haiti, Bosnia, Kosovo
  - active psychiatric interventions
  - low combat casualty reaction (CSR) rate

Background of Combat Stress Control DoD Directive

- IG Report 1996
  - critical of Marines and AF
- Combat Stress Control DOD Directive 6490.5 signed 23 Feb 1999
- White House Conference 6 June 1999 emphasized Service implementation

Combat Stress Control DoD Directive 6490.5

- CSC policies throughout DOD
- Service CSC consultants (5)
  - 2 Army, 2 Navy, 1 Air Force
- CSC concepts shall be taught to line
- CSC personnel shall train with line

DOD Directive 6490.5

- BICEPS (brevity, immediacy, centrality, expectancy, proximity, simplicity)
- Separate Combat Stress Reaction (CSR) casualty data
- Service specific implementation plans

Responsibilities of the MTF Commander

- Support line in implementation of CSC in garrison and field
- Prepare deployable medical staff to do CSC
- Consider Critical Event Debriefings or other interventions after traumatic events

Assets Available to MTF Commanders

- Mental health personnel
- Chaplains
- Stress Response Teams
- Combat Stress Control Detachments
- Other medical personnel
- Suicide prevention teams

Back-Up Slides

- Progress to Date
- Leadership and Operational Stress Conference
- Unresolved issues
- Next Steps

Steps Towards Implementation

- DMRTI chaired initial meeting San Antonio July 6 +7; 3 sub-committees formed (metrics, training, and implementation)
- brief Service specific implementation plans submitted in August 1999
- monthly VTCs and bimonthly meetings organized to produce more detailed plans

“Leaders and Operational Stress” Conference

- HA/OSAGWI/JS co-sponsors
- June 20th and 21st 2000 at Ft. McNair
- emphasis on line participation
- bring line, religious, and medical communities together

Outstanding Issues

- Screenings
- Metrics
- Training
- Consistent implementation

Metrics--Screenings

- Length
- Ease of administration
- Confidentiality
- Resources Needed
- Different instruments under evaluation

Metrics

- What are you measuring?
  - Cases, casualties, evacuations, patients, contacts, hospitalizations
- What are baseline rates of CSRs?
  - Historical vs. current OOTWs
- How do you measure effectiveness of interventions?
  - multiple uncontrolled variables
  - no control population

Training

- Who is trained?
- How are they trained?
- How can that be improved?

Who Needs Training?

- Medical personnel
- Chaplains
- Independent duty corpsman (IDC)
- Commanders
- NCOs
- CINCs

Where Would Training Occur?

- Medical training
- Service Schools
- Pre-Command Courses
- Sergeant’s Time
- In the field
- Media (radio, TV, internet)
- Out reach conferences

Implementation--Service Wide Resources

- Mental Health
- Chaplains
- Physicians
- Command
- ADAPCP
- FACMT

Difficulties for Implementation

- Lack of dedicated resources
- Line “buy-in”
- Stove-piping

The Next Steps

- Gap Analysis--partially completed
- Role of CSC Consultants
- June 2000 CSC Meeting “Leaders and Operational Stress”
- Relationship to Suicide Prevention Programs
- Continued work on metrics, training and implementation

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